

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORMS 1-875)

SERIAL NO.

10 / 517265

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		8				
19	1					
20		1				
21		1				
22		1				
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	38					
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						